

February 4, 2005  
**Montana Medicaid Notice**  
**All Providers**

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## **Introduction to the Montana Medicaid Preferred Drug List (PDL)**

### ***Effective Immediately***

The purpose of this Provider Notice is to introduce providers to Montana Medicaid's Preferred Drug List (PDL), which will be implemented in phases beginning March 7, 2005 and will be effective for all Medicaid beneficiaries. The PDL will also apply to enrollees being served by the Mental Health Services Plan (MHSP) for the classes of medications on the MHSP formulary. The Department of Public Health and Human Services is implementing this program to provide clinically effective and safe drugs to its clients at the best available price. Your assistance with this program is critical to its success.

The PDL is separated into classes of medications and provides a selection of therapeutically effective products for which the Medicaid program will allow payment without restriction. This listing of preferred drugs is designated by the Formulary Committee and the Department as "preferred" based primarily on clinical efficacy and then considers fiscal data. In the designated classes, drug products that do not appear on the PDL will require prior authorization (PA). Every effort has been made by the Formulary Committee to ensure appropriate drug therapy with minimal impact to the recipient. Additionally, all currently marketed atypical antipsychotics, mood stabilizers and anticonvulsants will be listed as preferred on the PDL. No patient will be left without appropriate drug therapy under this initiative.

The Formulary Committee meetings have been open to the public and comments have been received from patients, providers, manufacturers, and constituency groups. The Committee has defined the therapeutic classes that will be the subject of the initial implementation in March 2005. Additional drug classes will be included in the PDL program after they are evaluated and selected. A current list of the preferred drugs can be accessed on the Department's web site at [www.mtmedicaid.org](http://www.mtmedicaid.org).

The therapeutic classes that are the focus of the initial March implementation are:

- Proton Pump Inhibitors (PPIs)
- Insulins
- Thiazolidinediones
- Alpha-Glucosidase Inhibitors
- Meglitinides
- 2nd Generation Sulfonylureas
- Angiotensin II Receptor Blocking Agents (ARBs)
- Calcitonins

There is a current list of the pharmaceutical products selected for the Montana Preferred Drug List on the Department's web site.

## **Prior Authorization Process**

The PDL program was initiated on January 26, 2005, beginning with informational messages ("soft edits") to the pharmacists. This will allow pharmacists the opportunity to inform the client and prescriber of the need to switch to a preferred product or obtain prior authorization (PA) before the next refill. Full PA requirements ("hard edits") will be implemented for the first set of drug classes beginning March 7th, 2005, with subsequent classes being added in a stepwise progression. The PDL phase-in schedule for the first 41 drug classes can be found on the Department's website.

When a message requiring PA is returned after a non-preferred drug is dispensed, prescribers can initiate a PA request by writing, calling or faxing the PA form to the Mountain-Pacific Quality Health Foundation. During routine business hours, PA requests by fax or mail will generally be responded to within 24 hours of receipt, while telephone requests will normally be handled immediately if all necessary provider and patient information is provided. There are provisions for dispensing a 72-hour emergency supply of necessary medications, as well as an appeals process for those medications not granted a PA, which the prescriber feels are medically necessary.

## **Training**

The Department will provide regional training beginning in February. Pharmacy information will be posted on the Department's web site to include: Medicaid regulations, memos, notices, training schedules and details on the PA process. Both the DPHHS and the Mountain-Pacific Quality Health Foundation are available to answer questions and to process prospective prior authorization requests. Additional information and Provider Manual updates will be sent as necessary.

The Department of Public Health and Human Service's mission is to provide a system of high quality comprehensive health services to qualifying Montanans and their families. Institution of the Preferred Drug List will allow the Department to continue to perform its mission by maintaining quality and cost-effectiveness. We look forward to working with you, the provider community, to assist in making this endeavor a success.

## **Eligibility and Claim Status Information**

The Department offers a web-based Internet option to access information regarding Medicaid eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification information.

## Copies of Manuals

The Department publishes electronic and printable copies of its provider manuals and Medicaid Memoranda on the Department website. Refer to the "Resources by Provider Type" column to find Medicaid Provider Manuals, Medicaid Rules and Regulations, Provider Notices and Replacement Pages, as well as many other resources. The Internet is the most efficient means to receive and review current provider information

## "PDL/Prior Authorization Helpline"

Questions regarding the PDL and requests for Prior Authorization can be initiated by calling, writing, or faxing the PA form to:

**Drug Prior Authorization Unit  
Mountain Pacific Quality Health Foundation  
3404 Cooney Drive  
Helena, MT 59602  
(406) 443-6002 or (800) 395-7961 (Phone)  
(406) 443-7014 or (800) 294-1350 (Fax)**

To request prior authorization, providers must submit the information requested on the Request for Drug Prior Authorization Form to the Drug Prior Authorization Unit. This form can be copied from page 5.9 of the Medicaid Prescription Drug Program Manual or downloaded from the *Forms* section of the website. Both items are available on the web at: <http://www.dphhs.state.mt.us/hpsd/mcicaid/mcicaid2/pdf/pharmacy.pdf> (or [www.mtmedicaid.org](http://www.mtmedicaid.org), select *Resources by Provider Type* and then *Pharmacy*).

The PDL/PA helpline is for providers only. Please do not release these numbers to Medicaid clients.

## Contact Information

Any questions regarding this notice can be directed to either:

**Roger Citron, RPh, at (406) 444 5951  
Medicaid Drug Prior Authorization Unit at (406) 443 6002.**

Claims questions can be directed to Provider Relations:

**Provider Relations in Helena and out-of-state: (406) 442-1837  
In-state toll-free: 1-800-624-3958**

Visit the Provider Information website:

**<http://www.mtmedicaid.org>**